



Name of Sport

We, _____ and _____ understand that while we are not required to
Name of Athlete Name of Parent/Caregiver
pay any fees to participate in the Special Olympics sports program, Special Olympics Wayne
County does pay for my participation. Therefore we agree to the following Terms of Commitment.

(Please initial each term)

_____ 1) I agree to attend at least 75% of the practices scheduled by my coach to work on
improving my skills and to be adequately prepared for games and competitions. My coach
will determine if I am prepared and able to compete.

Practice dates and times: (to be filled in by Coach)

_____ 2) I agree to attend ALL Local and Area Games scheduled by my coach. If I am unable to
attend and participate in any Local or Area Games, I will notify my coach as soon as the
dates are provided by the coach.

Game dates and times: (to be filled in by Coach)

_____ 3) I agree to attend ALL State Games scheduled for this sport. If I am unable to attend and
participate in the State Competition, I will notify my coach at the beginning of the season.

Competition date and times: (to be filled in by Coach)

_____ 4) I understand that a violation of this agreement could result in disciplinary action against
you by the coach or management team. You could be prohibited from participating in
local, area or state competitions.

Signature of Athlete

Signature of Parent/Caregiver

Date